SYSTEM SAFETY SOCIETY

Professionals Dedicated to the Safety of Systems, Products & Services

Organized 1962
Incorporated 1973

Singapore Chapter Affiliate Application Form

Name :   Mr /Miss /Mrs /Mdm /Ms_____

Address :   _____

_____

Company / Division / Department : _____

Tel No :   _____

Email 1 :   _____

Email 2 :   _____

Your Preferred Website Login ID :_____

Briefly describe your current job title / position and related activities

Other Professional Societies, Organizations, Certifications or Registration held

Name of Societies and/or Organization	Grade	Year Joined	Specialty	Date Issued	Remarks

Tertiary Institutions Attended

Name of Tertiary Institutions	Country	Year		Qualification Attained	Specialty
		From	To		

I would be willing to help on areas as marked below:

☐ **Website Creation / Maintenance**   ☐ **Photographer**   ☐ **Publicity**   ☐ **Membership Database**

☐ **Others, pls specify**

_____

_____   _____
Date   **Signature**

Submission Instruction :
   Please hand in completed form to any of our Chapter Committee Member (see *http://www.systemsafety.org.sg/exco-members.php*)